REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number | 10/521,881 | | | | |
|------------------------|--------------------|--|--|--|--|
| Filing Date | September 28, 2005 | | | | |
| First Named Inventor | Stefan Marco Koch | | | | |
| Art Unit | 2183 | | | | |
| Examiner Name | George Giroux | | | | |
| Attorney Docket Number | 853663.412USPC | | | | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | | | |
|--|---|-----------|-----|---|-------|------|-----|---------|--|
| A Power of Attorney is submitted herewith. | | | | | | | | | |
| OR | | | | | | | | | |
| 🔀 I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: 38106 | | | | | | | | | |
| X Please change the correspondence address for the above-identified application to: | | | | | | | | | |
| X The address associated with Customer Number 38106 | | | | | | | | | |
| | | | | | | | | | |
| OR □ Firm or | | <u> </u> | | | | | | | |
| | ıal Name | | | | | | | | |
| Address | | | | | | | | | |
| City | | | | | State | | Zip | | |
| Country | | | | | | | | | |
| Telephone | | | | | Email | | | | |
| l am the: | | | | | | | | | |
| Applicant/Inventor. | | | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | | |
| | | | , , | • | | • | | | |
| X As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s). | | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | |
| Signature | | | | | | Date | 201 | 08-11-6 | |
| Name | Dr. Johan van o | der Veer | | | | | | | |
| Title and Company | Senior Director - Head IP/Administrator | | | | | | | | |
| (Assigned) | NXP B.V. | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | | |
| *Total of_ | forms are s | abmitted. | | | | | | | |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.